Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Beatrice First name Hinkes Middle name Noad Last name and Suffix (Sr., Jr., II, III)	Elwood First name Thomas Middle name Noad, III Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	FKA Beatrice A Hinkes	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5400	xxx-xx-3989

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Debtor 2 **Elwood Thomas Noad, III** Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have ■ I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years Business name(s) Business name(s) Include trade names and doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 2023 Country Brook Avenue Clermont, FL 34711 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Lake County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one: Check one: Why you are choosing this district to file for bankruptcy Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, I I have lived in this district longer than in any have lived in this district longer than in any other other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Beatrice Hinkes Noad

Debtor 1

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	otor 1 otor 2	Beatrice Hinkes N Elwood Thomas N					Case number (if known)	
Par	rt 2:	Tell the Court About	Your Ban	kruptcy C	ase			
7.	Banl	chapter of the cruptcy Code you are	Check of (Form 2	one. (For a l 010)). Also	brief description o , go to the top of p	f each, see <i>Notice Required by</i> a page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankru box.	ptcy
	cnoc	sing to file under	■ Cha	pter 7				
			☐ Cha	pter 11				
			☐ Cha	pter 12				
			☐ Cha	pter 13				
8.	How	you will pay the fee	al or a	oout how your der. If your pre-printed	ou may pay. Typio attorney is subm address.	cally, if you are paying the fee you itting your payment on your beha	with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, or llf, your attorney may pay with a credit card or che	money eck with
						Ilments. If you choose this optio (Official Form 103A).	n, sign and attach the Application for Individuals to	o Pay
			☐ II bu ap	request that ut is not recomplies to yo	at my fee be waiv quired to, waive yo ur family size and	ved (You may request this option our fee, and may do so only if you you are unable to pay the fee in	only if you are filing for Chapter 7. By law, a judg ur income is less than 150% of the official poverty installments). If you choose this option, you must ial Form 103B) and file it with your petition.	line that
				отррпоан		apier i i ming i ee vanea (eme	an em 1902) and me timer year pedden.	
9.	bank	you filed for cruptcy within the	■ No.					
	last	B years?	☐ Yes.					
				District		<u> </u>	Case number	
				District District		When When	Case numberCase number	
10.	case filed not f you,	any bankruptcy s pending or being by a spouse who is iling this case with or by a business ner, or by an ate?	■ No □ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.		ou rent your lence?	■ No.	Go to	line 12.			
	. 5510		☐ Yes.	Has yo	our landlord obtai	ned an eviction judgment against	you?	
					No. Go to line 12	2.		
					Yes. Fill out <i>Initi</i> this bankruptcy		udgment Against You (Form 101A) and file it as p	art of

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	otor 1 Beatrice Hinkes N tor 2 Elwood Thomas N				Case number (if known)
Par	Report About Any Bu	sinesses	You Own as a	Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part	4.	
		☐ Yes.	Name and	location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			usiness, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, S	treet, City, Sta	te & ZIP Code
	it to this petition.		Check the	appropriate bo	ox to describe your business:
			☐ He	alth Care Busii	ness (as defined in 11 U.S.C. § 101(27A))
			☐ Sin	gle Asset Rea	l Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Sto	ockbroker (as d	defined in 11 U.S.C. § 101(53A))
			☐ Co	mmodity Broke	er (as defined in 11 U.S.C. § 101(6))
			□ No	ne of the abov	e
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you indicat	te that you are tatement, and t	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am not fili	ing under Chap	pter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing i Code.	under Chapter	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing (under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardous P	roperty or An	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to	— 100.	What is the h	azard?	
	public health or safety? Or do you own any property that needs immediate attention?		If immediate a		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the	property?	Number, Street, City, State & Zip Code

	tor 1 Beatrice Hinkes N tor 2 Elwood Thomas N		, III			Case number (if known)
ar	Explain Your Efforts t	o Re	ceive	a Briefing About Credit Counseling		
		Abo	ut De	btor 1:	Abo	out Debtor 2 (Spouse Only in a Joint Case):
15.	Tell the court whether you have received a briefing about credit counseling.	You	l rece coun filed	check one: bived a briefing from an approved credit seling agency within the 180 days before I this bankruptcy petition, and I received a ficate of completion.	You	u must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	The law requires that you receive a briefing about credit counseling before		Attac	h a copy of the certificate and the payment if any, that you developed with the agency.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		coun filed	eived a briefing from an approved credit iseling agency within the 180 days before I this bankruptcy petition, but I do not have tificate of completion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	file. If you file anyway, the court can dismiss your case, you		petitio	n 14 days after you file this bankruptcy on, you MUST file a copy of the certificate and nent plan, if any.		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		servi unab days circu	cify that I asked for credit counseling ces from an approved agency, but was ble to obtain those services during the 7 after I made my request, and exigent imstances merit a 30-day temporary waiver a requirement.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To as requi what you whank requi	sk for a 30-day temporary waiver of the rement, attach a separate sheet explaining efforts you made to obtain the briefing, why were unable to obtain it before you filed for ruptcy, and what exigent circumstances red you to file this case. case may be dismissed if the court is tisfied with your reasons for not receiving a		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still
			If the still re You r agen deve	ng before you filed for bankruptcy. court is satisfied with your reasons, you must eceive a briefing within 30 days after you file. must file a certificate from the approved cy, along with a copy of the payment plan you loped, if any. If you do not do so, your case		receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for
			Any e	be dismissed. extension of the 30-day deadline is granted for cause and is limited to a maximum of 15		cause and is limited to a maximum of 15 days.
				not required to receive a briefing about it counseling because of:		I am not required to receive a briefing about credit counseling because of:
				Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
				Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
				Active duty. I am currently on active military duty in a military combat zone.		Active duty. I am currently on active military duty in a military combat zone.
			briefi	l believe you are not required to receive a ng about credit counseling, you must file a on for waiver credit counseling with the court.		If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	tor 1 Beatrice Hinkes N tor 2 Elwood Thomas N			Ca	ase number <i>(if ki</i>	nown)
Part	6: Answer These Quest	ions for R	eporting Purposes			
	What kind of debts do you have?	16a.				n 11 U.S.C. § 101(8) as "incurred by an
	,		☐ No. Go to line 16b.	, , , , ,		
			■ Yes. Go to line 17.			
		16b.	Are your debts primarily busines			
			money for a business or investmen	nt or through the operation	of the business	or investment.
			☐ No. Go to line 16c.			
		16c.	☐ Yes. Go to line 17. State the type of debts you owe the	at are not consumer debts	or husiness del	nte
		100.		at are not consumer debts	or business del	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	to line 18.		
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available			s excluded and administrative expenses
	administrative expenses are paid that funds will		■ No			
	be available for distribution to unsecured creditors?		Yes			
18.	How many Creditors do	1 -49		□ 1,000-5,000		2 5,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		□ 50,001-100,000 □ 11 100,000
		☐ 100-1 ☐ 200-9		☐ 10,001-25,000		☐ More than100,000
19.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001 - \$10 millio	on	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 mil		□ \$1,000,000,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 r		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001 - \$10 millio	on	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 mil		□ \$1,000,000,001 - \$10 billion
			001 - \$500,000	□ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 r		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		= \$500,	001 - \$1 million	— \$100,000,001 - \$500 1	Tillilott	I Wore trail \$50 billion
Part	7: Sign Below					
For	you	I have ex	ramined this petition, and I declare u	ınder penalty of perjury tha	t the informatio	n provided is true and correct.
			chosen to file under Chapter 7, I am tates Code. I understand the relief a			er Chapter 7, 11,12, or 13 of title 11, to proceed under Chapter 7.
			rney represents me and I did not pa nt, I have obtained and read the noti			attorney to help me fill out this
		I request	relief in accordance with the chapte	er of title 11, United States	Code, specified	in this petition.
						perty by fraud in connection with a , or both. 18 U.S.C. §§ 152, 1341, 1519,
			rice Hinkes Noad e Hinkes Noad		ood Thomas I Thomas No	
			e of Debtor 1	Signature	e of Debtor 2	au, III
		Executed	d on July 24, 2019	Executed	d on July 24	, 2019
			MM / DD / YYYY		MM / DD	

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Debtor 1 Debtor 2 Beatrice Hinkes N Elwood Thomas I		Case	number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Un for which the person is eligible. I also certify	ited States Code, and have ex that I have delivered to the de	nformed the debtor(s) about eligibility to proceed plained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applie schedules filed with the petition is incorrect.	es, certify that I have no knowle	edge after an inquiry that the information in the
. 0	/s/ Merideth C. Nagel	Date	July 24, 2019
	Signature of Attorney for Debtor		MM / DD / YYYY
	Merideth C. Nagel		
	Printed name		
	Merideth Nagel PA		
	Firm name		
	1201 W Highway 50		
	Clermont, FL 34711		
	Number, Street, City, State & ZIP Code		
	Contact phone 352-394-7408	Email address	merideth.nagel@nagellaw.com
	11341 FL		
	Bar number & State		

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e:II	in this inform	cation to identify your case.			
	otor 1	nation to identify your case:			
Den	itor i	Beatrice Hinkes Noad First Name Middle Name Last Name			
	otor 2 use if, filing)	Elwood Thomas Noad, III First Name Middle Name Last Name			
		nkruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Offic	eu States Da	initiplity coult for the.			
Cas (if kno	e number _ own)		П	Check	if this is an
					ed filing
Of	ficial Fo	rm 106Sum			
		f Your Assets and Liabilities and Certain Statistical Information			2/15
infor your	mation. Fill of original form	and accurate as possible. If two married people are filing together, both are equally responsible for the formation on this form. If you are filing amend amond must fill out a new <i>Summary</i> and check the box at the top of this page.			
Part	1: Summ	arize Your Assets			
				our as /alue of	sets f what you own
1.	Schedule A 1a. Copy lin	/B: Property (Official Form 106A/B) e 55, Total real estate, from Schedule A/B	í	\$	355,000.00
	1b. Copy lin	e 62, Total personal property, from Schedule A/B	!	\$	45,875.00
	1c. Copy line	e 63, Total of all property on Schedule A/B	!	\$	400,875.00
Part	2: Summ	arize Your Liabilities			
					bilities you owe
2.		Creditors Who Have Claims Secured by Property (Official Form 106D) e total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	1	\$	379,885.22
3.		F: Creditors Who Have Unsecured Claims (Official Form 106E/F) e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		\$	0.00
	3b. Copy th	e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	!	\$	140,379.41
		Your total liabilities	\$_		520,264.63
Part	3: Summ	arize Your Income and Expenses			
4.		Your Income (Official Form 106I) ombined monthly income from line 12 of Schedule I		\$	3,210.38
5.	Schedule J: Copy your n	Your Expenses (Official Form 106J) nonthly expenses from line 22c of Schedule J	;	\$	2,928.22
Part	4: Answe	r These Questions for Administrative and Statistical Records			
6.	-	ng for bankruptcy under Chapters 7, 11, or 13? u have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur otł	ner sch	edules.
7.	■ Yes What kind o	of debt do you have?			
		ebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for old purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a per	sonal,	family, or

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debt	or 2 Elwood Thomas Noad, III	Case number (if known)	
	From the Statement of Your Current Monthly Income: Cop 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 L	,	\$ 3,927.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Beatrice Hinkes Noad

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	27,636.42
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	27,636.42

		Case 6	:19-bK-0485	2-CC	J Doc 1 Filed 07/24/19	Page	10 01 54		
Fill in thi	is informatio	on to identify	your case and th	is filinç	g:				
Debtor 1		Beatrice Hin							
Debtor 2 (Spouse, if f	E	irst Name Elwood Thol irst Name	mas Noad, III Middle		Last Name Last Name				
United St	tates Bankrui	ptcy Court for	the: MIDDLE DI	STRIC [*]	T OF FLORIDA				
Case nur									Check if this is an amended filing
_		106A/B 4/B: P r	operty					,	12/15
think it fits information Answer ev	s best. Be as on. If more spa very question.	complete and a ce is needed, a	accurate as possible attach a separate sh	e. If two neet to t	only once. If an asset fits in more than on married people are filing together, both are his form. On the top of any additional page:	equally resp	onsible for su	pplyii	ng correct
	Go to Part 2. Where is the	property?							
1.1		5		What	t is the property? Check all that apply				
		Brook Aver			Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	of any secure	d clain	r exemptions. Put ns on <i>Schedule D:</i> cured by Property.
Cle	ermont	FL State	34711-0000 ZIP Code		Investment property Timeshare		erty? 80,000.00	por	rent value of the tion you own? \$280,000.00
				Who	Other has an interest in the property? Check one Debtor 1 only		e), if known.	ancy I	by the entireties, or
Coun					Debtor 1 and Debtor 2 only	(see ins	i if this is com tructions) cal	ımuni	ty property
					edroom 2.5 bath purchased 5/15				

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Debtor 1 Debtor 2	Beatrice Hi Elwood Th					Case II	umber (if known)	
If yo	ou own or hav	e more	than one, lis	t here:	is the property? Check all that apply			
405	Fountainhead	d Cir		_	Single-family home		D	-i D.4
#144					0 ,		Do not deduct secured cla the amount of any secure	
Street	address, if available,	or other des	cription	_ 🗆	Duplex or multi-unit building		Creditors Who Have Clair	
			·		Condominium or cooperative			
				_	Manufactured or mobile home			
	_			Ц	Manufactured or mobile home		Current value of the	Current value of the
Kiss	simmee	FL	34741-0000	_ □	Land		entire property?	portion you own?
City		State	ZIP Code		Investment property	_	\$75,000.00	\$75,000.00
					Timeshare		Describe the nature of y	our ownershin interest
					Other		(such as fee simple, ten	ancy by the entireties, or
				Who I	has an interest in the property?	Check one	a life estate), if known.	
					Debtor 1 only			
Osc	eola				Debtor 2 only	-		
County	у				Debtor 1 and Debtor 2 only			
					At least one of the debtors and an	other	Check if this is con	nmunity property
				Other	information you wish to add abo		,	
					erty identification number: dominium in foreclosure;	to be surr	endered	
	ho dollar value	of the ne	ortion vou own	for all of s	rous autuino from Dout 4, inclu	ıdina anı a	ntrion for	
pages	s you have attac	ched for			our entries from Part 1, inclur here			\$355,000.00
pages Part 2: De o you ow omeone e Cars, ve	escribe Your Vehi	icles ve legal of a lease a	Part 1. Write the control of the con	terest in ar	ny vehicles, whether they are chedule G: Executory Contract	registered	or not? Include any v	
pages Part 2: De To you ow To meone e Cars, vo	escribe Your Vehion, lease, or ha	icles ve legal of a lease a	Part 1. Write the control of the con	terest in ar	ny vehicles, whether they are chedule G: Executory Contract	registered	or not? Include any v	
pages Part 2: De o you ow omeone e Cars, ve	escribe Your Vehion, lease, or ha	icles ve legal of a lease a	Part 1. Write the control of the con	terest in ar	ny vehicles, whether they are chedule G: Executory Contract	registered	or not? Include any vi	ehicles you own that
pages o you ow omeone e Cars, v	escribe Your Vehi vn, lease, or ha else drives. If you vans, trucks, tra	icles ve legal of the lease a ctors, sp	Part 1. Write the control of the con	terest in ar port it on S	ny vehicles, whether they are chedule G: Executory Contract	e registered ts and Unex	or not? Include any vipired Leases.	ehicles you own that
pages o you ow omeone of Cars, vo	escribe Your Vehivn, lease, or have lese drives. If you rans, trucks, tra	icles ve legal (u lease a ctors, sp	Part 1. Write the control of the con	terest in ar port it on S cles, moto	ny vehicles, whether they are chedule G: Executory Contract rcycles	e registered ts and Unex	or not? Include any verpired Leases. Do not deduct secured of the amount of any secure	ehicles you own that
pages Part 2: De o you own omeone e Cars, v No Yes 3.1 Make	escribe Your Vehice, lease, or have less drives. If you ans, trucks, tracks: Pontiac Solstice	icles ve legal (u lease a ctors, sp	Part 1. Write the control of the con	terest in ar port it on S cles, moto	ny vehicles, whether they are chedule G: Executory Contract rcycles	e registered ts and Unex	or not? Include any vipired Leases. Do not deduct secured cithe amount of any secure Creditors Who Have Clair	ehicles you own that laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
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Debtor 1 Debtor 2	Beatrice Hinkes Noad Elwood Thomas Noad, III	Case number (if known)	
	craft, aircraft, motor homes, ATVs and other recreational vehicles, other les: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles		
	he dollar value of the portion you own for all of your entries from Part 2, syou have attached for Part 2. Write that number here		\$10,500.00
Part 3: D	escribe Your Personal and Household Items		
Do you o	own or have any legal or equitable interest in any of the following items?	,	Current value of the portion you own? Do not deduct secured claims or exemptions.
	hold goods and furnishings ples: Major appliances, furniture, linens, china, kitchenware		
= :::	s. Describe		
	Living Room (reclining sofa, loveseat, 2 end tal table, floor rug, entertainment center) \$600; Fal chaise, area floor rug, floor lamp, 2 chairs) \$40 (table, 6 chairs, fixture stand, 2 high chairs) \$36 bed, 2 bedside tables, dresser w/mirror, tall dresmall desk, desk chair) \$800; Bedroom 2 (todd 2 plastic drawer sets, toy box) \$150; Bedroom matress, 2 plastic drawer sets, toy box) \$150; Eddoom (desk, wall shelf w/cabinets, 2 chairs, desk chairs/Guest Room (2 small lamps, bookshelf) \$100; bench) \$100; Kitchen (table, 4 chairs) \$100; Ho \$125 Garage (push lawnmower, 2 adult bicycle w/training wheels) \$175); Washer & Dryer (final chairs, BBQ Grill, 4 chairs, 2 small tables) \$175	mily Room (sofa, 0; Dining Room 00; Bedroom 1 (king esser, 2 lamps, ler bed & mattress, 3 (toddler bed & Bedroom 4/Office hir) \$400; Bedroom ; Foyer (sofa, usehold Goods s, 1 child's bike nced); Patio (table, 6	\$3,575.00
	Samsung Washer & Dryer		\$700.00
□ No	Asus Laptop (12/12) 1060; 60" Vizio LCD TV (6/ (6/10) \$50; HP destop computer (12/11) \$50; 55" Vizio \$350; Samsung Home Theater Speaker System iPhones-Model 7 (12/16) \$150	15) \$400; HP Printer IP 15" Laptop (12/18) o LCD TV (1/19)	ctions; electronic devices
<i>Examp</i> ■ No	tibles of value bles: Antiques and figurines; paintings, prints, or other artwork; books, picture other collections, memorabilia, collectibles b. Describe	s, or other art objects; stamp, coin, or l	paseball card collections;
Examp	ment for sports and hobbies oles: Sports, photographic, exercise, and other hobby equipment; bicycles, po musical instruments	ool tables, golf clubs, skis; canoes and	kayaks; carpentry tools;
	s. Describe		
Official For	rm 106Δ/R Schedule Δ/R: Property		nage

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Debtor 1 Debtor 2	Beatrice Hinkes Noad Elwood Thomas Noad, III Case number	r (if known)
	Nordic Track Treadmill	\$200.00
□ No	ns les: Pistols, rifles, shotguns, ammunition, and related equipment Describe	
	Ruger 9mm handgun \$150; H&K 9mm compact handgun \$150	\$300.00
□ No	s bles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	
	Debtors' clothing	\$400.00
□ No	by oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watched be	7
	\$1200; Citizen Eco-Drive watch \$75	\$1,275.00
	Wedding band (white gold w/diamonds) \$700; Citizen Eco-Drive watch \$75	\$775.00
<i>Exam</i> ■ No	rm animals oles: Dogs, cats, birds, horses Describe	
■ No	her personal and household items you did not already list, including any health aids you did Give specific information	not list
	he dollar value of all of your entries from Part 3, including any entries for pages you have att art 3. Write that number here	sached \$9,375.00
Part 4: De	scribe Your Financial Assets	
Do you ov	n or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	oles: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file	your petition
Exam	its of money oles: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, be institutions. If you have multiple accounts with the same institution, list each.	prokerage houses, and other similar
□ No ■ Yes.	Institution name:	

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	ebtor 1 ebtor 2	Beatrice F				Case number (if known)	
			17.1.	Checking	Chase		\$1,400.00
			17.2.	Checking	Chase		\$600.00
18.	Examp			cly traded stocks ent accounts with bro	okerage firms, money m	narket accounts	
	■ No □ Yes			Institution or issuer	name:		
19		ublicly traded	stock and	interests in incorp	orated and unincorpor	rated businesses, including an interes	t in an LLC, partnership, and
	■ No						
	☐ Yes.	Give specific		about them me of entity:		% of ownership:	
20	Negoti Non-ne	iable instrume	<i>nt</i> s include p	personal checks, cas		able instruments ory notes, and money orders. gning or delivering them.	
	■ No □ Yes.	Give specific					
			ISS	uer name:			
21.		nent or pensi ples: Interests			403(b), thrift savings acc	counts, or other pension or profit-sharing	plans
	■ Yes.	List each acco	•	ely. of account:	Institution name:		
			IRA		Horace Mann		\$9,000.00
			Retir	ement/Pension	Florida Dept o	of Education-FRS Florida ystem	Unknown
22	Your s		used deposi	s you have made so		service or use from a company gas, water), telecommunications compar	nies, or others
	■ No □ Yes.				Institution name	or individual:	
23	Annuit	ies (A contrac	t for a perio	dic payment of mone	ey to you, either for life o	or for a number of years)	
	■ No □ Yes		Issuer nam	e and description.			
24.				n an account in a q and 529(b)(1).	ualified ABLE progran	n, or under a qualified state tuition pro	ogram.
	■ No □ Yes		Institution r	name and descriptio	n. Separately file the rec	cords of any interests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	, equitable or	future inte	rests in property (c	other than anything list	ted in line 1), and rights or powers exe	ercisable for your benefit
		Give specific	information	about them			
26	_Examp				nd other intellectual preds from royalties and lic		
	■ No □ Yes.	Give specific	information	about them			

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	ebtor 1 ebtor 2	Beatrice Hinkes Noad Elwood Thomas Noad, III		Case number (if known)	
27.		s, franchises, and other general intangibles es: Building permits, exclusive licenses, cooperative a	association holdings	, liquor licenses, professional licens	es
	☐ Yes. (Sive specific information about them			
M	oney or p	operty owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu ■ No	nds owed to you			
		ive specific information about them, including whethe	er you already filed th	ne returns and the tax years	
	■ No	upport es: Past due or lump sum alimony, spousal support, o ive specific information	hild support, mainte	nance, divorce settlement, property	settlement
	Example No	nounts someone owes you es: Unpaid wages, disability insurance payments, disabenefits; unpaid loans you made to someone else Give specific information		pay, vacation pay, workers' compe	nsation, Social Security
31.		s in insurance policies es: Health, disability, or life insurance; health savings	account (HSA); cred	dit, homeowner's, or renter's insura	nce
	☐ Yes. N	ame the insurance company of each policy and list it Company name:	s value.	Beneficiary:	Surrender or refund value:
32.	If you ar	rest in property that is due you from someone whe the beneficiary of a living trust, expect proceeds from the beneficiary of a living trust, expect proceeds from the beneficiary of a living trust, expect proceeds from the beneficiary of a living trust.		olicy, or are currently entitled to rec	eive property because
	☐ Yes. (Sive specific information			
33.		gainst third parties, whether or not you have filed es: Accidents, employment disputes, insurance claims		a demand for payment	
	Yes. [Describe each claim			
		2018-CC-002915-E in eviction action		ges against former tenant	\$15,000.00
34.	Other co	ntingent and unliquidated claims of every nature	, including counter	claims of the debtor and rights to	o set off claims
	☐ Yes. [Describe each claim			
35.	Any fina ■ No	ncial assets you did not already list			
	☐ Yes. (Sive specific information			
36		e dollar value of all of your entries from Part 4, inc t 4. Write that number here			\$26,000.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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Deb		Beatrice Hinkes Noad		G	
Deb	tor 2	Elwood Thomas Noad, III		Case number (if known)	
37. D	o you o	wn or have any legal or equitable interest in any business-rel	ated property?		
	No. Go	to Part 6.			
	Yes. G	o to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property Yo ou own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interes	st In.	
46. [Do you	own or have any legal or equitable interest in any farm	n- or commercial fishir	ng-related property?	
	No. 0	Go to Part 7.			
	☐ Yes.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That Y	ou Did Not List Above		
	Examp	have other property of any kind you did not already listles: Season tickets, country club membership	st?		
	No Yes (Give specific information			
_	1 100. (Sive opeoine information			
54.	Add th	ne dollar value of all of your entries from Part 7. Write	that number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$355,000.00
56.	Part 2	: Total vehicles, line 5	\$10,500.00		
57.	Part 3	: Total personal and household items, line 15	\$9,375.00		
58.	Part 4	: Total financial assets, line 36	\$26,000.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$45,875.00	Copy personal property total	\$45,875.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$400,875.00

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Fill in this inform	nation to identify your	case:					
Debtor 1	Beatrice Hinkes N	oad Middle Name	L	ast Name			
Debtor 2 (Spouse if, filing)	Elwood Thomas N	Noad, III Middle Name	Li	ast Name			
United States Bar	nkruptcy Court for the:	MIDDLE DISTRICT O	F FLORIDA				
Case number						☐ Check if this is an amended filing	
Official Fo	rm 106C						
Schedul	e C: The Pro	perty You	Claim	as Exempt			4/19
the property you li	sted on <i>Schedule A/B: P</i> d attach to this page as r	roperty (Official Form 10	06A/B) as yo	ur source, list the propert	y that you claim	plying correct information. Unasexempt. If more space i ional pages, write your nam	s
			•			way of doing so is to state	

specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	■ You are claiming state and federal nonbank	ruptcy exemptions.	11 U.S	S.C. § 522(b)(3)				
	☐ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B	that you claim as ex	empt,	fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from	n		Specific laws that allow exemption			
	2023 Country Brook Avenue	\$280,000.00	•	\$65,049.31	Fla. Const. art. X, § 4(a)(1);			
	Clermont, FL 34711 Lake County 5 bedroom 2.5 bath purchased 5/15 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. §§ 222.01 & 222.02			
	2007 Pontiac Solstice 114300 miles 1G2MG35X17Y133547	\$2,500.00		\$1,000.00	Fla. Stat. Ann. § 222.25(1)			
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit				
	2013 Mercedes Benz GLK350 81400 miles	\$8,000.00		\$1,000.00	Fla. Stat. Ann. § 222.25(1)			
	WDCGG5HBXDF967371 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit				
	Living Room (reclining sofa, loveseat, 2 end tables, 2 lamps coffee	\$3,575.00		\$2,000.00	Fla. Const. art. X, § 4(a)(2)			
	table, floor rug, entertainment center) \$600; Family Room (sofa, chaise, area floor rug, floor lamp, 2 chairs) \$400; Dining Room (table, 6 chairs, fixture stand, 2 high chairs) \$300; Bedro			100% of fair market value, up to any applicable statutory limit				

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

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Debtor :		atrice Hinkes Noad vood Thomas Noad, III			Case number (if known)		
		ription of the property and line on A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
		ace Mann Schedule A/B: 21.1	\$9,000.00		\$9,000.00	Fla. Stat. Ann. § 222.21(2)	
LIN	e irom	Scriedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit		
	Retirement/Pension: Florida Dept of Education-FRS Florida Retirement System Line from Schedule A/B: 21.2		Unknown	\$0.00		Fla. Stat. Ann. §§ 121.131,	
Sy					100% of fair market value, up to any applicable statutory limit	121.055(6)(e)	
		laiming a homestead exemption of adjustment on 4/01/22 and every 3			led on or after the date of adjustmer	ıt.)	
		Did was a servina that mean autor as was		ا مانالا	045 dave before very filed this accept		
	res.	No	ed by the exemption wi	ıının 1,	,215 days before you filed this case	,	
		Yes					

	Case 6.18	9-DK-04852-CCJ D0C1 Filed	10//24/19 Pag	je 19 0i 54	
Fill in this information	tion to identify you	r case:			
Debtor 1	Beatrice Hinkes	Noad Middle Name Last Name			
Debtor 2 (Spouse if, filing)	Elwood Thomas	Noad, III Middle Name Last Name			
United States Bank	ruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA			
Case number				_	if this is an
Official Form	106D				
Schedule D	: Creditors	Who Have Claims Secure	d by Property	y	12/15
		f two married people are filing together, both are e out, number the entries, and attach it to this form. (
1. Do any creditors ha	ive claims secured by	your property?			
□ No. Check th	nis box and submit th	nis form to the court with your other schedules.	You have nothing else to	report on this form.	
■ Yes. Fill in al	ll of the information l	pelow.			
Part 1: List All S	Secured Claims				
		nore than one secured claim, list the creditor separate	Column A	Column B	Column C
for each claim. If more	e than one creditor has	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Bank of Am	erica	Describe the property that secures the claim:	\$28,000.00	\$75,000.00	\$28,000.00
Creditor's Name		405 Fountainhead Cir #144 Kissimmee, FL 34741 Osceola County Condominium in foreclosure; to be			
PO Box 150 Wilmington 19850-5019		Surrendered As of the date you file, the claim is: Check all that apply. □ Contingent			
Number, Street, Ci	ty, State & Zip Code	☐ Unliquidated			
Who owes the debt	? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only		An agreement you made (such as mortgage or secar loan)	ecured		
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim community debt	n relates to a	Other (including a right to offset) Second M	ortgage		
Date debt was incurr	ed 8/07	Last 4 digits of account number 3843			

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Debtor 1 Beatrice Hinkes Noad		Case number (if known)				
First Name Middle Na						
Debtor 2 Elwood Thomas Noad, I						
First Name Middle Na	ame Last Name					
2.2 Carrington Mortgage	Describe the property that secures the claim:	\$214,950.69	\$280,000.00	\$0.00		
PO Box 79001 Phoenix, AZ 85062	2023 Country Brook Avenue Clermont, FL 34711 Lake County 5 bedroom 2.5 bath purchased 5/15 As of the date you file, the claim is: Check all that apply. Contingent					
Number, Street, City, State & Zip Code	Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or secar loan)	ecured				
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
\square At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage					
Date debt was incurred 5/28/15	Last 4 digits of account number 2957					
2.3 HOA @ Bella Vista	Describe the property that secures the claim:	\$3,500.00	\$75,000.00	\$3,500.00		
Creditor's Name	405 Fountainhead Cir #144					
417 Fountainhead Circle Kissimmee, FL 34741	Kissimmee, FL 34741 Osceola County Condominium in foreclosure; to be surrendered As of the date you file, the claim is: Check all that apply. Contingent					
Number, Street, City, State & Zip Code	□ Unliquidated					
Who owes the debt? Check one.	Disputed Nature of lien. Check all that apply.					
■ Debtor 1 only	☐ An agreement you made (such as mortgage or se	ecured				
Debtor 2 only	car loan)					
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a						
community debt	■ Other (including a right to offset) HOA Fees					

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Debtor 1 Beatrice Hinkes Noad		Case number (if known)		
First Name Middle N				
Debtor 2 Elwood Thomas Noad ,				
First Name Middle N	ame Last Name			
2.4 Lowes/Synchrony Bank	Describe the property that secures the claim:	\$1,434.53	\$700.00	\$734.53
Creditor's Name	Samsung Washer & Dryer			
	As of the date you file, the claim is: Check all that			
PO Box 30914	apply.			
Atlanta, GA 30353	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage o	r secured		
■ Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
\square At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a		se Money Security		
community debt				
Date debt was incurred 12/18	Last 4 digits of account number 54	N.7		
2.5 NationStar/Mr. Cooper	Describe the property that secures the claim:	\$132,000.00	\$75,000.00	\$57,000.00
Creditor's Name	405 Fountainhead Cir #144			
	Kissimmee, FL 34741 Osceola			
	County			
	Condominium in foreclosure; to be			
	surrendered			
PO Box 619094	As of the date you file, the claim is: Check all that apply.	it		
Dallas, TX 75261-9741	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage of	r secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	າ)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	,		
☐ Check if this claim relates to a	Other (including a right to offset) First Mo	ortgage		
community debt	— Other (moduling a right to onset)			
Date debt was incurred 8/07	Last 4 digits of account number 80	28		
Add the dollar value of your entries in C	column A on this page. Write that number here:	\$379,885.22		
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$379,885.22		
write that number here.		. ,	1	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed			
	e notified about your bankruptcy for a debt that			
	owe to someone else, list the creditor in Part 1, a t you listed in Part 1, list the additional creditors			
debts in Part 1, do not fill out or submit the		note. If you do not have additiona	ii persons to be not	inca for ally
Name, Number, Street, City, State &	Zip Code On	which line in Part 1 did you enter the	e creditor? _2.5	
Albertelli Law		-		
PO Box 23028	Las	st 4 digits of account number		
Tampa, FL 33623				

Official Form 106D

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Debtor 1	Beatrice Hinkes Noad			Case number (if known)	
	First Name	Middle Name	Last Name		
Debtor 2	Elwood Thomas	Noad, III			
	First Name	Middle Name	Last Name		
Se Po	me, Number, Street, City elect Portolio Serv D Box 65250 alt Lake City, UT 84	icing		On which line in Part 1 did you enter Last 4 digits of account number	the creditor? 2.1

		Case 6.19-	DK-04652	-CC3 D00	1 Fileu	07724/19	Page 23 01 54	
Fill in t	this informati	on to identify your	case:					
Debtor	1	Beatrice Hinkes N	load					
		First Name	Middle Na	ame	Last Name			
Debtor		Elwood Thomas N						
(Spouse i	if, filing)	First Name	Middle Na	ame	Last Name			
United	States Bankru	uptcy Court for the:	MIDDLE DIS	STRICT OF FLOR	IDA			
Case n	umber							
(if known))			_				heck if this is an
							а	mended filing
Offici	al Form 1	06E/E						
		: Creditors W	ho Havo	Uneacurad	Claime			12/15
						Part 2 for aradita	ors with NONPRIORITY clair	
Schedul left. Atta	e D: Creditors	Who Have Claims Secu ation Page to this pag	ured by Proper	ty. If more space is	needed, copy t	the Part you nee	ith partially secured claims d, fill it out, number the en art. On the top of any addit	tries in the boxes on the
Part 1:		Your PRIORITY Un						
_	•	nave priority unsecure	d claims agains	st you?				
	No. Go to Part 2	2.						
	Yes.							
Part 2:	List All of	Your NONPRIORIT	Y Unsecured	Claims				
		nave nonpriority unsec						
_	•	othing to report in this pa	_	•	vour other scho	odulos		
_		ouning to report in this pa	art. Submit this i	orm to the court with	i your other sche	edules.		
	Yes.							
uns	ecured claim, lis n one creditor h	st the creditor separately	for each claim.	For each claim liste	d, identify what t	ype of claim it is.	im. If a creditor has more tha Do not list claims already inc unsecured claims fill out the	luded in Part 1. If more
								Total claim
4.1	American	Airlines AAdvanta	age	Last 4 digits of acc	count number	9573		\$19,810.00
	Nonpriority Cre					2/22 2/45		
	c/o Barclay	•		When was the deb	t incurred?	6/00-6/17		
		ia, PA 19101-3337	7					
		City State Zip Code		As of the date you	file, the claim i	s: Check all that	apply	
	Who incurred	the debt? Check one.						
	Debtor 1 or	nly		☐ Contingent				
	Debtor 2 or	nly		☐ Unliquidated				
	Debtor 1 ar	nd Debtor 2 only		☐ Disputed				
	☐ At least one	e of the debtors and and	other	Type of NONPRIOR	RITY unsecured	d claim:		
		nis claim is for a comm	nunity	☐ Student loans				
	debt	ubject to offset?		☐ Obligations arisi report as priority cla		ration agreemen	t or divorce that you did not	
	■ No	,		☐ Debts to pension		g plans, and othe	er similar debts	
	☐ Yes			Other. Specify	•	•		
	— 163			Otner. Specify	Cicait Galu	1		-

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Debto Debto	or 1 Beatrice Hinkes Noad or 2 Elwood Thomas Noad, III		Case number (_{if known})			
4.2	American Express	Last 4 digits of account number	2007	\$5,302.17		
	Nonpriority Creditor's Name	_		7-,		
	PO Box 650448	When was the debt incurred?	8/05-6/18			
	Dallas, TX 75265 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	,				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
		•				
	☐ Debtor 1 and Debtor 2 only	Disputed	I alabas			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	i claim:			
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.3	AMEX Everyday	Last 4 digits of account number	2001	\$17,751.51		
,	Nonpriority Creditor's Name					
	PO Box 650448	When was the debt incurred?	11/14-12/18			
	Dallas, TX 75265 Number Street City State Zip Code	As of the date you file, the claim i	e. Check all that apply			
	Who incurred the debt? Check one.	As of the date you me, the claim	5. Спеск ан шасарру			
	Debtor 1 only	П				
		☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharin				
	Yes	Other. Specify Credit Card	<u> </u>			
4.4	Bank of America	Last 4 digits of account number	1836	\$13,988.73		
	Nonpriority Creditor's Name PO Box 15019	When was the debt incurred?	12/06-12/13			
	Wilmington, DE 19850-5019					
	Number Street City State Zip Code	As of the date you file, the claim i				
	Who incurred the debt? Check one.					
	Debtor 1 only	 □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not 				
	Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another					
	☐ Check if this claim is for a community					
	debt					
	Is the claim subject to offset?	report as priority claims	,			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Credit Card				
		— Other opening				

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Debto Debto	or 1 Beatrice Hinkes Noad Figure 2 Elwood Thomas Noad, III		Case number (if known)					
4.5	Bank of America	Last 4 digits of account number	3890	\$930.81				
	Nonpriority Creditor's Name PO Box 851001	When was the debt incurred?	3/17-6/19	••••				
	Dallas, TX 75285							
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.							
	☐ Debtor 1 only	☐ Contingent						
	■ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other Specify Credit Card						
1								
4.6	Chase Cardmember Serv Nonpriority Creditor's Name	Last 4 digits of account number	4719	\$3,391.11				
	PO Box 1423	When was the debt incurred?	4147 4001 6584 4174					
	Charlotte, NC 28201 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim	3. One ok all that apply					
	Debtor 1 only	☐ Contingent						
	■ Debtor 2 only	☐ Unliquidated						
		<u> </u>	<u> </u>					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	Type of NONPRIORITY unsecured claim:					
	☐ At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt							
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims						
	■ No	☐ Debts to pension or profit-sharin						
	☐ Yes	Other. Specify Credit Card						
	165	Other. Specify Orealt Care						
4.7	CitiBank-CitiCards	Last 4 digits of account number	4796	\$3,377.50				
	Nonpriority Creditor's Name PO box 9001037	When was the debt incurred?	3/16-6/19					
	Louisville, KY 40290 Number Street City State Zip Code	As of the date you file, the claim i	e. Check all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim						
	Debtor 1 only	Пол						
	•	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts						
	■ Debtor 2 only							
	Debtor 1 and Debtor 2 only							
	At least one of the debtors and another							
	☐ Check if this claim is for a community							
	debt Is the claim subject to offset?							
	No							
	☐ Yes							
	∟ res	Other. Specify Credit Card	<u> </u>					

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Debtor Debtor	Beatrice Hinkes Noad Elwood Thomas Noad, III		Case number (if known)					
4.8	CitiCards	Last 4 digits of account number	2351	\$5,988.56				
	Nonpriority Creditor's Name PO Box 9001037 Louisville, KY 40290	When was the debt incurred?	12/16-12/18					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed						
	At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin						
	□ Yes	Other. Specify Credit Card						
4.9	Clermont Ambulatory Surgical Nonpriority Creditor's Name	Last 4 digits of account number	1526	\$4,130.00				
	PO Box 16148 Miami, FL 33116	When was the debt incurred?	8/16					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured						
	At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims						
	■ No	☐ Debts to pension or profit-sharin						
	Yes	Other. Specify Medical						
4.1	Discover Nonpriority Creditor's Name	Last 4 digits of account number	5276	\$18,793.78				
	PO Box 70184 Charlotte, NC 28273	When was the debt incurred?	6/15-6/19					
•	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i						
	Debtor 1 only	☐ Contingent	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharin						
	Yes	Other. Specify Credit Card						

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First National Bank of Omaha	Last 4 digits of account number	1655	\$2,517.76			
Nonpriority Creditor's Name PO Box 2557	When was the debt incurred?	6/14-6/19				
Omaha, NE 68103 Number Street City State Zip Code	 As of the date you file, the claim i	s: Check all that apply				
Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , ,					
Debtor 1 only	☐ Contingent					
■ Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
No	Debts to pension or profit-sharin	g plans, and other similar debts				
Yes	Other. Specify Credit Card	<u> </u>				
Macy's AMEX	Last 4 digits of account number	2158	\$6,355.35			
Nonpriority Creditor's Name PO Box 78008	When was the debt incurred?	6/15-6/19				
Phoenix, AZ 85062 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that annly				
Who incurred the debt? Check one.	As of the date you me, the claim i	3. Oneok ali triat appry				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	□ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims					
■ No	Debts to pension or profit-sharin	☐ Debts to pension or profit-sharing plans, and other similar debts				
□Yes	Other. Specify Credit Card	<u> </u>				
Old Navy/SYNCB	Last 4 digits of account number	2423	\$5,221.37			
Nonpriority Creditor's Name						
PO Box 960017	When was the debt incurred?	6/17-2/19				
Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
Who incurred the debt? Check one.	,	117				
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured					
☐ Check if this claim is for a community	Student loans					
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims					
No	\square Debts to pension or profit-sharing plans, and other similar debts					
☐ Yes	■ Other. Specify Credit Card	lit Card				

Official Form 106 E/F

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Debtor 1 Beatrice Hinkes Noad Debtor 2 Elwood Thomas Noad, III		Case number (if known)			
Synchrony Bank-Amazon	Last 4 digits of account number	5948	\$1,368.98		
Nonpriority Creditor's Name PO Box 960013 Orlando, FL 32896	When was the debt incurred?	6/15-1/19			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
Debtor 1 only	☐ Contingent				
■ Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
☐ Yes	Other. Specify Credit Card				
4.1 Target Card Services	Last 4 digits of account number	6044	\$3,272.12		
Nonpriority Creditor's Name PO Box 660170 Dallas, TX 75266	When was the debt incurred?	2/15-6/19			
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
Who incurred the debt? Check one.					
Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:			
\square Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims				
■ No	☐ Debts to pension or profit-sharin	\square Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes	Other. Specify Credit Card				
4.1 TJX Rewards/SYNCB	Last 4 digits of account number	7594	\$543.24		
Nonpriority Creditor's Name PO Box 530949	When was the debt incurred?	10/18-6/19			
Atlanta, GA 30353-0949 Number Street City State Zip Code	As of the data way file, the elaims	a. Chapte all that apply			
Who incurred the debt? Check one.	As of the date you file, the claim i	s: Спеск ан тат арргу			
■ Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
■ No	Debts to pension or profit-sharin				
Yes	■ Other. Specify Credit Card				

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Debtor 1 Beatrice Hinkes Noad Debtor 2 Elwood Thomas Noad, III		Case number (if known)	
US Dept of Education	Last 4 digits of account number	0203	\$27,636.42
Nonpriority Creditor's Name PO Box 790321 Saint Louis, MO 63177	When was the debt incurred?	8/10	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims		
■ No	■ No □ Debts to pension or profit-sharing plans, and other similar debts		
☐ Yes	Other. Specify		
	Student Lo	an	
Part 3: List Others to Be Notified About a Deb	t That You Already Listed		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
otal laims				·
aims om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 27,636.42
otal aims				
om Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 112,742.99
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 140,379.41

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Fill in this infor	Fill in this information to identify your case:					
Debtor 1	Beatrice Hinkes I	Noad				
	First Name	Middle Name	Last Name			
Debtor 2	Elwood Thomas	Noad, III				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	FLORIDA			
Case number						
(if known)						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	Oity		Otato	211 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	Jil.y		Cidio	211 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

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						1
Fill in thi	s information to	dentify your	case:			
Debtor 1	Beatri	ce Hinkes N	load			
	First Nam	ne	Middle Name	Last Name		
Debtor 2		d Thomas I				
(Spouse if, fi	iling) First Nam	ie	Middle Name	Last Name		
United St	ates Bankruptcy C	ourt for the:	MIDDLE DISTRICT O	F FLORIDA		
Case nun	nber					
(if known)						☐ Check if this is an
						amended filing
Ott: ~: •	-l Carra 10	el I				
_	al Form 10	-				
Sche	dule H: Yo	our Cod	ebtors			12/15
our nam	e and case numb	er (if known)	. Answer every questic	•	. 0	p of any Additional Pages, write
■ No	-					
Arizo	ona, California, Ida o. Go to line 3.	ho, Louisiana,	Nevada, New Mexico, F	property state or territory? Puerto Rico, Texas, Washing ive with you at the time?		ty states and territories include)
in lin Form	ne 2 again as a con 106D), Schedule Column 2.	debtor only it E/F (Official	f that person is a guara Form 106E/F), or Sche	antor or cosigner. Make su	ure you have listed to G). Use Schedule D	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill editor to whom you owe the debt
	Name, Number, Street	, City, State and ZI	P Code		Check all schedul	es that apply:
3.1					☐ Schedule D. lir	ne
<u> </u>	Name				☐ Schedule E/F,	
					☐ Schedule G, lir	
	Number St	reet				
	City	1661	State	ZIP Code		
3.2					☐ Schedule D, lir	ne
	Name				☐ Schedule E/F,	
					☐ Schedule G, lin	
	Number St	reet			,	
	City		State	ZIP Code		

Schedule H: Your Codebtors

Fill in this information	tion to identify your case:	
Debtor 1	Beatrice Hinkes Noad	
Debtor 2 Elwood Thomas Noad, III (Spouse, if filing)		
United States Bar	skruptcy Court for the: MIDDLE DISTRICT OF FLORIDA	
Case number (If known)		Check if this is: ☐ An amended filing
Official Fo	rm 106l	A supplement showing postpetition chapter 13 income as of the following date:

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment				
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Em	ployed	■ Employed
			☐ Not	employed	☐ Not employed
	employers.	Occupation	CNA		Medical Biller/Coder
	Include part-time, seasonal, or self-employed work.	Employer's name	Visiti	ng Angels	Central FL Behavioral Hospital
	Occupation may include studer or homemaker, if it applies.	Employer's address	743 8 Clern	th St nont, FL 34711	6601 Central FL Parkway Orlando, FL 32821
		How long employed th	nere?	2.5 months	7 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 66.00 \$ 3,466.67

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 320.67

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Beatrice Hinkes Noa Elwood Thomas Noa				Case n	umber (<i>if kn</i>	own)			
	Con	y line 4 here			4.	For I	Debtor 1	200	For Debto	spouse	
	Cop	y ilile 4 liere		·	₹.	Ψ	00	00.	Ψ	3,787.34	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and So	cial Security deductions	Į.	5a.	\$	0	.00	\$	470.43	_
	5b.	•	ons for retirement plans		5b.	\$.00	\$	0.00	_
	5c.	_	ns for retirement plans		5c.	\$.00	\$	0.00	_
	5d.		of retirement fund loans		5d.	\$ 		0.00	\$	0.00	_
	5e. 5f.	Insurance Domestic support obl	igations		5e. 5f.	\$ 		0.00	\$ \$	172.53	_
	5g.	Union dues	igations		51. 5g.	\$.00	\$	0.00	_
	5h.	Other deductions. Spe	ecify:		5h.+	\$.00	·	0.00	_
6.			Add lines 5a+5b+5c+5d+5e+		6.	\$.00	\$	642.96	_
7.			e-home pay. Subtract line 6 fro	•	7.	\$		5.00	\$	3,144.38	_
8.	List 8a.	all other income regula Net income from rent; profession, or farm Attach a statement for receipts, ordinary and r monthly net income.	rly received: al property and from operatin each property and business sho lecessary business expenses,	ng a business, Dowing gross and the total	8a. 8b.	\$	0	0.00	\$ 	0.00	_
	8b. 8c.	Interest and dividends	s ents that you, a non-filing spo		BD.	Ф	0	.00	\$	0.00	_
	8d. 8e. 8f.	regularly receive Include alimony, spous settlement, and propert Unemployment comp Social Security Other government ass	al support, child support, maint y settlement.	enance, divorce { { ceive	8c. 8d. 8e.	\$ \$	0	0.00	\$ \$ \$	0.00 0.00 0.00	_
		that you receive, such a	as food stamps (benefits under ogram) or housing subsidies.	the Supplemental	8f.	\$	•		\$	0.00	
	8g.	Pension or retirement	income		8g.	\$—		0.00	\$	0.00	_
	8h.	Other monthly income			8h.+	·			+ \$	0.00	_
9.	Add	all other income. Add I	ines 8a+8b+8c+8d+8e+8f+8g+	8h. 9	9.	\$	0	.00	\$	0.0	0
10.		culate monthly income. the entries in line 10 for I	Add line 7 + line 9. Debtor 1 and Debtor 2 or non-fi	10. ling spouse.	\$_		66.00	+ \$_	3,144.3	8 = \$	3,210.38
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12.		e that amount on the Sun	column of line 10 to the amountains of Schedules and Statist								3,210.38
13.	Do y	you expect an increase	or decrease within the year a	fter you file this form?						Combi monthl	ned ly income
		Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:						
Deb	otor 1	Beatrice Hinl	kes Noad	1		Ch	eck if th	is is:	
		2000		-			An an	nended filing	
	otor 2	Elwood Thor	nas Noa	d, III					wing postpetition chapter the following date:
(Spo	ouse, if filing)						13 6	penses as or	the following date.
Unit	ed States Bank	ruptcy Court for the:	: MIDDLI	E DISTRICT OF FLORIDA	\		MM /	DD / YYYY	
Cas	e number								
(If k	nown)								
O	fficial Fo	orm 106J							
		J: Your I	 Evnor	1606					12/1
Be info nur	as complete ormation. If n mber (if know	and accurate as nore space is ned n). Answer ever	possible eded, atta y questio	. If two married people and the control of the cont					or supplying correct
Par 1.	t 1: Desc Is this a joi	ribe Your House	hold						
٠.	□ No. Go t								
		es Debtor 2 live i	in a separ	ate household?					
	■ N								
	•		st file Offici	al Form 106J-2, Expenses	s for Separate House	hold of De	ebtor 2.		
2.		re dependents?	_	, ,					
۷.	-	•	☐ No		5		_		B d d d
	Do not list Debtor 2.	eptor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		ag	ependent's je	Does dependent live with you?
	D	41							□ No
	Do not state dependents				Daughter		5		■ Yes
									□ No
					Son		5		Yes
									□ No
									☐ Yes
									□ No □ Yes
3.	Do your ex	penses include		No					1 103
		of people other the dependent	han $_{oldsymbol{\square}}$	Yes					
			1113 :						
Est	imate your e	a date after the b	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp					
the	value of suc	h assistance and		government assistance i				Your exp	oneoe
(Oi	ficial Form 1	U6I.)						Tour exp	611363
4.		or home owners nd any rent for the		ses for your residence. I or lot.	nclude first mortgage	4.	\$		1,468.16
	If not inclu	ded in line 4:							
	4a. Real	estate taxes				4a.	\$		0.00
	4b. Prope	erty, homeowner's	s, or renter	's insurance		4b.			0.00
		maintenance, re	•			4c.	· —		60.00
5.		eowner's associat		dominium dues our residence, such as ho	ome equity loans	4d. 5.	·		62.00 0.00
٥.	Additional	vi iyaye payille	,,,,,,, ,o, y	our residence, such as HU	ino equity leans	J.	Ψ		0.00

		Hinkes Noad Thomas Noad, III	Case num	ber (if known)	
0	I IAIIIAI oo				
6.	Utilities: 6a. Electricity.	, heat, natural gas	6a.	\$	203.06
	•	wer, garbage collection	6b.	·	0.00
		e, cell phone, Internet, satellite, and cable services	6c.	\$	364.00
	•	ecify: ADT/Security	6d.	·	60.00
7.		ekeeping supplies		\$	350.00
8.		children's education costs	8.	·	0.00
9.		lry, and dry cleaning		\$	90.00
10.		products and services	10.	\$	0.00
11.	•		11.	\$	0.00
12.	Transportation.	Include gas, maintenance, bus or train fare.		·	
	Do not include c		12.	\$	40.00
13.	Entertainment,	clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable cont	ributions and religious donations	14.	\$	0.00
15.	Insurance.				
		nsurance deducted from your pay or included in lines 4 or 20.	45.	Φ.	
	15a. Life insura		15a.	·	0.00
	15b. Health ins		15b.		95.00
	15c. Vehicle in				136.00
40	15d. Other insu	· · · · · · · · · · · · · · · · · · ·	15d.	\$	0.00
	Specify:	nclude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.	Installment or le	ease payments: ents for Vehicle 1	170	¢	0.00
			17a.	·	0.00
		ents for Vehicle 2	17b.	·	0.00
	17c. Other Spe	· ·		·	0.00
40	17d. Other. Spe	•	17d.	Ф	0.00
18.		of alimony, maintenance, and support that you did not report a your pay on line 5, Schedule I, Your Income (Official Form 106I)		\$	0.00
19		s you make to support others who do not live with you.		\$	0.00
	Specify:	you make to capport office and the first make your	19.		0.00
20.	· · · —	erty expenses not included in lines 4 or 5 of this form or on Sci		our Income.	
		s on other property	20a.		0.00
	20b. Real estat	te taxes	20b.	\$	0.00
	20c. Property,	homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenar	nce, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeown	ner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:		21.	+\$	0.00
				·	
22.	•	monthly expenses		_	
	22a. Add lines 4	· ·		\$	2,928.22
	22b. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22	a and 22b. The result is your monthly expenses.		\$	2,928.22
23.	Calculate vour	monthly net income.			
_0.	-	12 (your combined monthly income) from Schedule I.	23a.	\$	3,210.38
		r monthly expenses from line 22c above.	23b.	·	2,928.22
	- 177				
		your monthly expenses from your monthly income. t is your <i>monthly net income</i> .	23c.	\$	282.16
24.	For example, do yo	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage?	you file this our mortgage	s form? payment to increase	or decrease because of a
	Yes.				
		Explain here: Debtors' children have special needs include			

Fill in 1	this inform	ation to identify your	case:	
Debtor	1	Beatrice Hinkes I	NOAC Middle Name Last Name	
Debtor	. 2	Elwood Thomas		
(Spouse	if, filing)	First Name	Middle Name Last Name	
United	States Ban	kruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA	
Case n	number			
(if known				☐ Check if this is an
				amended filing
If two n	narried ped	ople are filing togethe	n Individual Debtor's Scheduler, both are equally responsible for supplying correct informatile bankruptcy schedules or amended schedules. Making a fa	ition.
		or property by fraud i U.S.C. §§ 152, 1341, 1	n connection with a bankruptcy case can result in fines up to 1519, and 3571.	o \$250,000, or imprisonment for up to 20
	Sign	Below		
D	id you pay	or agree to pay some	one who is NOT an attorney to help you fill out bankruptcy fo	orms?
	No			
] Yes. Na	ame of person	Att	tach Bankruptcy Petition Preparer's Notice,
			De	eclaration, and Signature (Official Form 119)
		ty of perjury, I declare true and correct.	that I have read the summary and schedules filed with this d	declaration and
х	/s/ Beat	rice Hinkes Noad	X /s/ Elwood Thomas N	load, III
		e Hinkes Noad	Elwood Thomas Noa	
	Signature	e of Debtor 1	Signature of Debtor 2	
			•	
	Date J	uly 24, 2019	Date July 24, 2019	

Fill	in this inforn	nation to identify your	case:			
Deb	tor 1	Beatrice Hinkes				
Deh	tor 2	First Name	Middle Name	Last Name		
	use if, filing)	Elwood Thomas First Name	Middle Name	Last Name		
Unit	ed States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF FL	ORIDA		
Cas (if kno	e number				_	heck if this is an nended filing
Sta Be a	s complete a	of Financial		re filing together, both are	ankruptcy equally responsible for supp	
num	ber (if knowı	n). Answer every ques	tion.		, aaamona pagoo, milo you	. Hamo and odoo
		etails About Your Ma current marital statu	rital Status and Where You	Lived Before		
1.	_	Current mantai statu	5:			
	MarriedNot mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than v	where you live now?		
	■ No □ Yes. Lis	t all of the places you li	ved in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ıke sure you fill out <i>Sch</i>	edule H: Your Codebtors (Of	ficial Form 106H).		
Par		n the Sources of You	`	,		
4.	Did you have	e any income from en			ear or the two previous calen	dar years?
			have income that you receive			
	□ No■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$2,515.60	■ Wages, commissions, bonuses, tips	\$23,162.55
□ O ₁			☐ Operating a business		☐ Operating a business	

Official Form 107

Debtor 1 Beatrice Hinkes Noad Debtor 2 Elwood Thomas Noad, III				Case number (if known)						
				Debtor 1		Debtor 2				
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc		Gross income (before deductions and exclusions)		
/ January 1 to Docombor 31 7018)		■ Wages, commissions, bonuses, tips	\$49,329.3	■ Wages, combonuses, tips	missions,	\$4,342,362.00				
				☐ Operating a business		☐ Operating a	business			
For (Ja	the cale	ndar year be o December	efore that: 31, 2017)	■ Wages, commissions, bonuses, tips	\$44,922.2	9 ■ Wages, combonuses, tips	missions,	\$33,859.93		
				☐ Operating a business		☐ Operating a	business			
	List each		the gross inc	se and you have income that	-	•				
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)		
		endar year: o December	31, 2018)	Rental Income (Gross)	\$25,750.0	0				
		ndar year be o December		Rental Income (Gross)	\$11,500.0	0				
Par	t 3: Lis	st Certain Pa	ayments You	ı Made Before You Filed for	Bankruptcy					
6.		Neither D	ebtor 1 nor I	e's debts primarily consume Debtor 2 has primarily cons a personal, family, or househo	umer debts. Consumer d	ebts are defined in 11	U.S.C. § 10	1(8) as "incurred by an		
		•	e 90 days bef	ore you filed for bankruptcy, c	lid you pay any creditor a t	total of \$6,825* or mo	e?			
		□ No.	Go to line							
		☐ Yes * Subject	paid that con not include	each creditor to whom you pa reditor. Do not include payme payments to an attorney for it on 4/01/22 and every 3 yea	nts for domestic support o this bankruptcy case.	bligations, such as ch	ild support a	nd alimony. Also, do		
	■ Yes			or both have primarily cons ore you filed for bankruptcy, c		total of \$600 or more?				
		■ No.	Go to line	7.						
		☐ Yes	include pay	each creditor to whom you payments for domestic support or this bankruptcy case.						
	Credito	r's Name an	d Address	Dates of payme	ent Total amount	_	Was this p	payment for		

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	btor 2 Elwood Thomas Noad, III		Cas	se number (if known)			
7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any ger n control, or owner of 20% o	neral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a genera iny managing a	ll partner; corporations gent, including one fo	
	■ No						
	Yes. List all payments to an insider.				_		
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
3.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	account of a de	ebt that benefited an	
	■ No						
	☐ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
Dar	rt 4: Identify Legal Actions, Repossession	no and Favorious	paia	Juli Owe	molade oreal	ioi o name	
	□ No ■ Yes. Fill in the details. Case title Case number Nationstar Mortgage	Nature of the case	Court or agency Osceola Count		Status of the	e case	
	vs Beatrice A Hinkes 2019-CA-000304-MF	roreclosure	Courthouse On a		■ Pending □ On appea □ Conclude	ppeal	
	Beatrice Hinkes aka Beatrice Noad	Eviction w/Money	Osceola Count	ty	☐ Pending		
	2018-CC-002195-EV	Damages	Courthouse	Daa	☐ On appeal		
			2 Courthouse S Kissimmee, FL		Conclude	ed	
					\$15,000 jud damages e		
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		erty repossessed, f	oreclosed, garni	shed, attached	l, seized, or levied?	
	■ No. Go to line 11. □ Yes. Fill in the information below.						
	Creditor Name and Address	Describe the Property		Date		Value of the	
		Explain what happened	d			property	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details.		luding a bank or fii	nancial institution	n, set off any a	mounts from your	
	Creditor Name and Address	Describe the action the	e creditor took	Date	action was	Amount	
				take	n		

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	btor 1 Beatrice Hinkes Noad Elwood Thomas Noad, III		Case number	(if known)	
12.	Within 1 year before you filed for ban court-appointed receiver, a custodian ■ No □ Yes		vas any of your property in the possession of an ner official?	assignee for the bend	efit of creditors, a
Par	rt 5: List Certain Gifts and Contribut	ions			
13.	Within 2 years before you filed for bar ■ No □ Yes. Fill in the details for each gift.	nkruptcy,	did you give any gifts with a total value of more	than \$600 per person	?
	Gifts with a total value of more than per person		Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift a Address:	na			
14.	Within 2 years before you filed for bar ■ No □ Yes. Fill in the details for each gift of		did you give any gifts or contributions with a tot tion.	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP (Describe what you contributed	Dates you contributed	Value
Par	rt 6: List Certain Losses				
15.	Within 1 year before you filed for ban or gambling? No Yes. Fill in the details.	kruptcy o	r since you filed for bankruptcy, did you lose any	rthing because of the	ft, fire, other disaster,
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
	Condo @ 405 Fountainhead Circle, Unit 144, Kissimmee, FL damaged by tenant		rance settlement \$25,000	August 2018	\$25,000.00
Par	rt 7: List Certain Payments or Trans	fers			
	Within 1 year before you filed for ban consulted about seeking bankruptcy	kruptcy, c or prepar	lid you or anyone else acting on your behalf pay ing a bankruptcy petition? rs, or credit counseling agencies for services require	• • •	rty to anyone you
	□ No■ Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if No	ot You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Merideth C. Nagel, Esq. Merideth Nagel, PA 1201 W Highway 50 Clermont, FL 34711				\$1,415.00

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	otor 1 otor 2	Beatrice Hinkes Noad Elwood Thomas Noad, III				Case nu	se number (if known)			
17.	Do no	n 1 year before you filed for bankrupto ised to help you deal with your credito it include any payment or transfer that yo No Yes. Fill in the details.	rs or	to make payments			f pay or	rtransfer any prope	rty to anyone who	
	Pers Addr	on Who Was Paid ress		Description and variansferred	∕alue of any pro∣	perty	Date payment or transfer was made		Amount of payment	
18.	Includinclud	n 2 years before you filed for bankrupt ferred in the ordinary course of your b le both outright transfers and transfers made gifts and transfers that you have alread No Yes. Fill in the details.	u sin e ade a	ess or financial affa s security (such as t	airs? the granting of a					
	Person Who Received Transfer Address			Description and v		pay		ny property or received or debts hange	Date transfer was made	
Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer a beneficiary? (These are often called asset-protection devices.) ■ No □ Yes. Fill in the details.					y property to a	self-sett	tled trus	st or similar device	of which you are a	
	Nam	e of trust		Description and value of the property transferred					Date Transfer was made	
Par	t 8:	List of Certain Financial Accounts, In	strun	nents, Safe Deposi	t Boxes, and Sto	orage Ur	nits			
20.	sold, Include house	n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, asso No	or oth	er financial accou	nts; certificates	of depo				
		Yes. Fill in the details. e of Financial Institution and	Loo	t 4 digito of	Type of secon	unt or	Dot	o occupt was	Last balance	
		ress (Number, Street, City, State and ZIP		t 4 digits of ount number	instrument	rument close move		e account was sed, sold, ved, or ssferred	before closing or transfer	
	Ban	k of Amierca	XXX	(X-8179			7/18	8/19	\$990.00	
21.		ou now have, or did you have within 1 yor other valuables?	year I	before you filed for	· bankruptcy, an	y safe d	leposit	box or other depos	itory for securities,	
	_	No Yes. Fill in the details.								
	Nam	e of Financial Institution ress (Number, Street, City, State and ZIP Code)		Who else had acc Address (Number, S State and ZIP Code)		Describ	e the c	ontents	Do you still have it?	

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	otor 1 otor 2	Beatrice Hinkes Noad Elwood Thomas Noad, III		Case number (if known)	
22.	= 1	you stored property in a storage unit or p	lace other than your home within 1	l year before you filed for bankruptcy'	?
	Nam	Yes. Fill in the details. e of Storage Facility ress (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	t 9:	Identify Property You Hold or Control for	Someone Else		
23.		ou hold or control any property that someomeone.	one else owns? Include any prope	rty you borrowed from, are storing for	, or hold in trust
	_	No ∕es. Fill in the details.			
	Own	er's Name 'ess (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10:	Give Details About Environmental Inform	ation		
For	the pu	rpose of Part 10, the following definitions	apply:		
	toxic	onmental law means any federal, state, or substances, wastes, or material into the a ations controlling the cleanup of these su	air, land, soil, surface water, groun	· · · · · · · · · · · · · · · · · · ·	
		neans any location, facility, or property as		law, whether you now own, operate, o	or utilize it or used
		n, operate, or utilize it, including disposal rdous material means anything an enviror		s waste, hazardous substance, toxic s	substance.
		dous material, pollutant, contaminant, or			,
Rep	ort all	notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.	
24.	Has a	ny governmental unit notified you that yo	u may be liable or potentially liable	e under or in violation of an environme	ental law?
		No			
	□ \	es. Fill in the details.			
		e of site 'ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have	you notified any governmental unit of any	release of hazardous material?		
	_	No Yes. Fill in the details.			
		e of site 'ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have	you been a party in any judicial or admini	strative proceeding under any env	ironmental law? Include settlements a	and orders.
	_	No Yes. Fill in the details.			
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11:	Give Details About Your Business or Cor	nnections to Any Business		
27.	Withi	n 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of the following connections to any	business?
	[☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either full-time or part-time	
	[☐ A member of a limited liability company	(LLC) or limited liability partnersh	nip (LLP)	

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	otor 1 Beatrice Hinkes Noad otor 2 Elwood Thomas Noad, III	c	ase number (if known)
	☐ A partner in a partnership ☐ An officer, director, or managing ex ☐ An owner of at least 5% of the votin No. None of the above applies. Go to be	g or equity securities of a corporation Part 12.	
	☐ Yes. Check all that apply above and fil Business Name Address (Number, Street, City, State and ZIP Code)	I in the details below for each business. Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below.	tcy, did you give a financial statement to a	anyone about your business? Include all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
I ha		false statement, concealing property, or	I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
	Beatrice Hinkes Noad	/s/ Elwood Thomas Noad, III	<u> </u>
	atrice Hinkes Noad nature of Debtor 1	Elwood Thomas Noad, III Signature of Debtor 2	
Dat	te _July 24, 2019	Date _July 24, 2019	
Did ■ N	*=	ent of Financial Affairs for Individuals Fili	ng for Bankruptcy (Official Form 107)?
I N	you pay or agree to pay someone who is no No Yes. Name of Person Attach the Bankru		

Fill in this inform	nation to identify your case:		
Debtor 1	Beatrice Hinkes Noad		
Debtor 2	First Name Middle Name	Last Name	
(Spouse if, filing)	Elwood Thomas Noad, III First Name Middle Name	Last Name	
United States Bar	nkruptcy Court for the: MIDDLE DISTRI	CT OF FLORIDA	
Case number			☐ Check if this is an
			amended filing
Official For	m 108		
Statemen	t of Intention for Indi	viduals Filing Under Chapte	er 7 12/15
If you are an indiv	vidual filing under chapter 7, you must f	ill out this form if:	
	claims secured by your property, or	in out this form ii.	
_	ed personal property and the lease has	not expired.	
You must file this	form with the court within 30 days after	r you file your bankruptcy petition or by the date se	
on the f	•	ne time for cause. You must also send copies to the	e creditors and lessors you list
	ople are filing together in a joint case, b	oth are equally responsible for supplying correct in	nformation. Both debtors must
	nd accurate as possible. If more space i	s needed, attach a separate sheet to this form. On	the top of any additional pages,
	,		
	ur Creditors Who Have Secured Claims		
 For any credito information bel 		D: Creditors Who Have Claims Secured by Property	/ (Official Form 106D), fill in the
Identify the cre	ditor and the property that is collateral	What do you intend to do with the property that	
		secures a debt?	as exempt on Schedule C?
Craditaria I.a		По на	_
Creditor's L c	owes/Synchrony Bank	☐ Surrender the property. ☐ Retain the property and redeem it.	■ No
		Retain the property and redeem it.	☐Yes
	Samsung Washer & Dryer	Reaffirmation Agreement.	
property securing debt:		☐ Retain the property and [explain]:	
securing debt.			_
	ur Unexpired Personal Property Leases		
in the information	d personal property lease that you listed n below. Do not list real estate leases. U	I in Schedule G: Executory Contracts and Unexpire nexpired leases are leases that are still in effect; th	ed Leases (Official Form 106G), fill the lease period has not yet ended.
		the trustee does not assume it. 11 U.S.C. § 365(p)(
Describe your ur	nexpired personal property leases		Will the lease be assumed?
Lessor's name:			□ No
Description of leas	sed		
Property:			☐ Yes
Lessor's name:			□ No
Description of lease	sed		
Property:			☐ Yes
Lessor's name:			
Official Form 108	Statement of I	ntention for Individuals Filing Under Chapter 7	page 1

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Debtor 1 Debtor 2	Beatrice Hinkes Noad Elwood Thomas Noad, III			Case number (if known)	
Description Property:	n of leased				No Yes
Lessor's na Description Property:					No Yes
Lessor's na Description Property:					No Yes
Lessor's na Description Property:					No Yes
Lessor's na Description Property:					No Yes
Under pen	Sign Below alty of perjury, I declare that I have indicated my intention aleat is subject to an unexpired lease.	oout	any	property of my estate that secur	es a debt and any personal
Beat	eatrice Hinkes Noad rice Hinkes Noad ture of Debtor 1	-	Elw	Elwood Thomas Noad, III rood Thomas Noad, III nature of Debtor 2	
Date	July 24, 2019	Dat	e .	July 24, 2019	

12	heck one box only as d 22A-1Supp:	lirected in this form and in Forn	n
Debtor 1 Beatrice Hinkes Noad			
Debtor 2 (Spouse, if filing) Elwood Thomas Noad, III	■ 1. There is no pres	umption of abuse	
United States Bankruptcy Court for the: Middle District of Florida Case number	applies will be m	to determine if a presumption o nade under <i>Chapter 7 Means T</i> ricial Form 122A-2).	
		does not apply now because o	
	☐ Check if this is a	n amended filing	
Official Form 122A - 1		Trumeriaea iiirig	
Chapter 7 Statement of Your Current Monthly Inc	come		12/15
•			
Be as complete and accurate as possible. If two married people are filing together, both are equa attach a separate sheet to this form. Include the line number to which the additional information case number (if known). If you believe that you are exempted from a presumption of abuse becaud qualifying military service, complete and file Statement of Exemption from Presumption of Abuse	applies. On the top of ai use you do not have prin	ny additional pages, write your n marily consumer debts or becaus	ame and se of
Part 1: Calculate Your Current Monthly Income			
What is your marital and filing status? Check one only.			
☐ Not married. Fill out Column A, lines 2-11.			
■ Married and your spouse is filing with you. Fill out both Columns A and B, lines	s 2-11.		
☐ Married and your spouse is NOT filing with you. You and your spouse are:			
☐ Living in the same household and are not legally separated. Fill out both Co	olumns A and B, lines 2	2-11.	
☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not penalty of perjury that you and your spouse are legally separated under nonballiving apart for reasons that do not include evading the Means Test requirement	nkruptcy law that applie	es or that you and your spouse	
Fill in the average monthly income that you received from all sources, derived during the 6 fu 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 throw the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not incluse spouses own the same rental property, put the income from that property in one column only. If you	ough August 31. If the amoude any income amount m	ount of your monthly income varied fore than once. For example, if both	during
	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
 Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). 	\$ 66.90	\$ 3,860.43	
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$	\$	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions			

Official Form 122A-1

Debtor 1 0.00

Debtor 1 0.00

0.00 Copy here -> \$

0.00 Copy here -> \$

0.00

0.00

-\$

\$

-\$

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession, or farm

Net monthly income from a business, profession, or farm \$

Gross receipts (before all deductions)

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

btor 2 Elwood T	homas Noad, III			Case numbe	r (<i>if known</i>)	-	
				Column A Debtor 1		Column B Debtor 2 c	
3. Unemployment	compensation			\$	0.00	\$	0.00
Do not enter the	amount if you contend that the amountity Act. Instead, list it here:	nt received was a benef	fit under	<u> </u>	0.00	<u> </u>	<u> </u>
	\$	0.	00				
	se \$		00				
. Pension or retir	rement income. Do not include any are Social Security Act.		s a	\$	0.00	\$	0.00
Do not include a received as a vic	l other sources not listed above. Spiny benefits received under the Social stim of a war crime, a crime against human. If necessary, list other sources on a	Security Act or paymer manity, or international	its or				
				\$	0.00	\$	0.00
				\$	0.00	\$	0.00
Total ar	mounts from separate pages, if any.		+	\$	0.00	\$	0.00
	total current monthly income. Add linen add the total for Column A to the to		\$	66.90	+ \$ _	3,860.43	Total current monthly
rt 2: Determin	ne Whether the Means Test Applies	to You					income
2. Calculate your	current monthly income for the year	r. Follow these steps:					
12a. Copy your t	total current monthly income from line	11		Сор	y line 11	here=>	\$3,927.33
Multiply by	12 (the number of months in a year)						x 12
12b. The result is	s your annual income for this part of th	ie form				121	\$ 47,127.96
3. Calculate the m	edian family income that applies to	you. Follow these step	os:				
Fill in the state in	ı which you live.	FL					
Fill in the numbe	r of people in your household.	4					
To find a list of a	n family income for your state and size applicable median income amounts, go s list may also be available at the bank	online using the link s	pecified i	in the separa	ate instrud	. 13. ctions	\$ 78,833.00
4. How do the line	s compare?						
	e 12b is less than or equal to line 13. C to Part 3.	on the top of page 1, ch	eck box	1, There is	no presur	nption of abus	se.
	e 12b is more than line 13. On the top of to Part 3 and fill out Form 122A-2.	of page 1, check box 2	, The pre	esumption of	fabuse is	determined b	y Form 122A-2.
rt 3: Sign Belo	w						
By signing I	here, I declare under penalty of perjury	that the information o	n this sta	tement and	in any att	achments is t	rue and correct.
χ /s/ Beat	rice Hinkes Noad	x /	s/ Elwo	od Thoma	s Noad	, III	
Beatric	e Hinkes Noad e of Debtor 1		Elwood	Thomas No. 2 of Debtor 2	load, III		
Date July 24		Date	July 24,				
	ked line 14a, do NOT fill out or file For		VIIVI / DD	, , , , , ,			
•	ked line 14b, fill out Form 122A-2 and						

Beatrice Hinkes Noad

Debtor 1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter	7:	Liquidation	
;	\$245	filing fee	
	\$75	administrative fee	
<u>+</u>	\$15	trustee surcharge	
;	\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

In re	Beatrice Hinkes Noad	-							
III IC	Elwood Thomas Noad, III	Debtor(s)	Case No. Chapter	7					
VERIFICATION OF CREDITOR MATRIX The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.									
Date:	July 24, 2019	/s/ Beatrice Hinkes Noad Beatrice Hinkes Noad							
		Signature of Debtor							
Date:	July 24, 2019	/s/ Elwood Thomas Noad, III							
		Elwood Thomas Noad, III							

Signature of Debtor

Beatrice Hinkes Noad Carrington Mortgage Macy's AMEX PO Box 79001 PO Box 78008 2023 Country Brook Avenue Clermont, FL 34711 Phoenix, AZ 85062 Phoenix, AZ 85062 Elwood Thomas Noad, III Chase Cardmember Serv NationStar/Mr. Cooper 2023 Country Brook Avenue PO Box 1423 PO Box 619094 Clermont, FL 34711 Charlotte, NC 28201 Dallas, TX 75261-9741 Merideth C. Nagel CitiBank-CitiCards Old Navy/SYNCB Merideth Nagel PA PO box 9001037 PO Box 960017 1201 W Highway 50 Orlando, FL 32896 Louisville, KY 40290 Clermont, FL 34711 Albertelli Law CitiCards Select Portolio Servicing PO Box 23028 PO Box 9001037 PO Box 65250 Tampa, FL 33623 Louisville, KY 40290 Salt Lake City, UT 84165 Clermont Ambulatory Surgical Synchrony Bank-Amazon American Airlines AAdvantage PO Box 960013 c/o Barclays PO Box 16148 PO Box 13337 Miami. FL 33116 Orlando, FL 32896 Philadelphia, PA 19101-3337 Target Card Services American Express Discover PO Box 650448 PO Box 660170 PO Box 70184 Dallas, TX 75265 Dallas, TX 75266 Charlotte, NC 28273 AMEX Everyday First National Bank of Omaha TJX Rewards/SYNCB PO Box 650448 PO Box 530949 PO Box 2557 Dallas, TX 75265 Omaha, NE 68103 Atlanta, GA 30353-0949 Bank of America HOA @ Bella Vista Condo US Dept of Education 417 Fountainhead Circle PO Box 790321 PO Box 15019 Wilmington, DE 19850-5019 Kissimmee, FL 34741 Saint Louis, MO 63177 Bank of America Lowes/Synchrony Bank PO Box 851001 PO Box 30914 Atlanta, GA 30353 Dallas, TX 75285

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

In	Beatrice Hinkes Noad Elwood Thomas Noad, III		Case No.				
	Liwota Monas Noau, III	Debtor(s)	Chapter	7			
	DISCLOSUDE OF COMPENSAT	ION OF ATTO	DNEV EOD DE	DTOD(C)			
	DISCLOSURE OF COMPENSAT			. ,			
1.	compensation paid to me within one year before the filing of the	suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that appensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	1,415.00			
	Prior to the filing of this statement I have received		\$	1,415.00			
	Balance Due			0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed compensation	with any other person	unless they are mem	bers and associates of my law firm.			
	☐ I have agreed to share the above-disclosed compensation wit copy of the agreement, together with a list of the names of the						
5.	In return for the above-disclosed fee, I have agreed to render leg	al service for all aspec	ts of the bankruptcy c	ase, including:			
	 a. Analysis of the debtor's financial situation, and rendering adv b. Preparation and filing of any petition, schedules, statement of c. Representation of the debtor at the meeting of creditors and c d. [Other provisions as needed] Negotiations with secured creditors to reduce to reaffirmation agreements and applications as needed 522(f)(2)(A) for avoidance of liens on household 	f affairs and plan which onfirmation hearing, a to market value; ex needed; preparation	h may be required; nd any adjourned hea emption planning;	rings thereof;			
6.							
	CER	FIFICATION					
thi	I certify that the foregoing is a complete statement of any agreem is bankruptcy proceeding.	nent or arrangement fo	r payment to me for re	epresentation of the debtor(s) in			
	July 24, 2019	/s/ Merideth C. N					
Date		Merideth C. Nagel Signature of Attorney					
		Merideth Nagel F					
		1201 W Highway					
		Clermont, FL 347 352-394-7408	7 1 1				
		merideth.nagel@	nagellaw.com				
		Name of law firm					